

# The Fire and Emergency Medical Services News



New Hampshire Fire Academy



Fall 2004

Volume XXIII – Number 4

A Service of New Hampshire Division of Fire Standards & Training and Emergency Medical Services

## ***"Training on the Leading Edge"***

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Dear New Hampshire Emergency Responders:

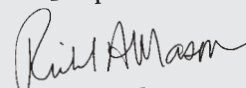
Well summer has passed us by, actually only a few really nice days, but we can not complain that we are having a high wildland fire season, as it blessed us with green grass for the entire season!

The field we have chosen, whether volunteer, paid-on-call or full-time is one that has numerous risks... Risks of injury when we go to a building fire, risks of being exposed to a debilitating disease on a rescue call, risks of contracting painful illness from hazardous materials exposure, risks of being involved in a motor vehicle crash, risks of succumbing to stress at any emergency of a training call. Who would ever think we would have to be vulnerable to risks from suit!

Well I know of several cases around the country where people are being sued, sometimes with good outcomes where the laws helps them, and sometimes just the opposite! New Hampshire has several laws that indemnify, hold harmless, limit liability, and the like. Now I must profess that I am NOT an attorney, but think that it may be a good idea to know what your limitations are, so you are not surprised in the future. I am also not telling every firefighter and emergency responder in the state to hire an attorney, but it is always good as a unit head/fire chief to have conversation with those that will defend you should an accident, or similar, occurs.

We are quickly approaching our busy season, when heating systems are fired up for the season and wood stoves start cranking...so let's all train for the worst, hope for the best...and STAY SAFE!

Respectfully,

  
Rick Mason

## CALENDAR OF EVENTS

1st Thurs. of each month (except July-August) .....	NH Fire Standards & Training Commission Meeting, 10:00 a.m. ....	NHFA
2nd Thurs. of each month .....	Tests/Retests; sittings at 9:30 a.m. and 6:30 p.m.; preregistration required by 1st of month .....	NHFA
3rd Friday of each month .....	National Registry Exam for EMS at 9:00am .....	NHFA
Every month .....	Train-the-Trainers (watch for listings) .....	NHFA

### EMERGENCY MEDICAL SERVICES:

10/14/04 -10/17/04 .....	North Country EMS Conference Grand Summit Hotel, Attitash Beak Peak, Bartlett, NH Contact Kurt Lucas at 603-444-9205
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### FIRE & EMERGENCY SERVICES INSTRUCTOR PROGRAMS:

11/16/04 & 11/17/04 .....	Fire & Emergency Services Instructor III Bridge Course .....	NHFA
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### FIRE OFFICER PROGRAMS: Watch for future listings

### FIREFIGHTER PROGRAMS:

11/9/04 - 02/15/05 .....	Firefighter II .....	Lebanon Fire Dept.
11/15, 17, and 20, 2004 .....	Incident Command System .....	Danbury Vol. Fire Dept.

### HAZARDOUS MATERIALS PROGRAMS: Watch for future listings

### INDUSTRIAL TRAINING: Watch for future listings

### NATIONAL FIRE ACADEMY PROGRAMS:

11/6, 17, and 18, 2004 .....	Leadership II: Strategies for Personal Success .....	Hudson Fire Dept.
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### SPECIALTY PROGRAMS: Watch for future listings

### TERRORISM PROGRAMS: Watch for future listings

### TRAIN-THE-TRAINER PROGRAMS:

11/18/04 .....	Basic Rescue Skills, Train the Trainer .....	NHFA
11/19/04 .....	Hazardous Materials Technician Instructor, Train the Trainer .....	NHFA

## INTRODUCING PARAMEDIC EMENTORING

**Do you remember your first call?** One of my first patient contacts as a paramedic student taught me several important lessons: The first one was that a good preceptor will give you enough just enough rope, but never allow you to take the fall. The second lesson was that things aren't always as they appear. I was riding third on a Medic Unit and we were dispatched to a hotel restaurant for a "seizure". My preceptor advised me that this one was "going to be my call". I was ready for the challenge and knew that nothing could baffle my newfound knowledge. We found the patient having a full-blown tonic-clonic seizure on the floor next to a table with a nearly finished breakfast. I knelt down, started my initial assessment and began the series of orders and requests, - start O2, aggressively manage his airway, start an IV and get an order for valium in the event the patient would seize again. Come on people! Let's move! This is serious! My preceptor knelt down beside me, pulled back the patient's eyelid with his thumb and said "Bobby. Get up. Quit messing around. We'll pay for your breakfast." As quick as that, my unconscious post-ictal seizure patient, sat up, looked sheepishly at the hostess and raised to his feet. "Thank you sir. I owe you another one. I'll pay you someday, I promise". It turns out that my first "real call" was a known homeless person who faked seizures to get out of paying for meals. Fortunately for me, I went to paramedic school in a large metropolitan area (a.k.a. high volume/high acuity) and participated in a year long internship (a.k.a. one preceptor for the entire time). I felt fortunate, when I had a question or needed some feedback, it was right there.

As NH branches out and Paramedics are a "First" in many communities, preceptors are hard to come by, if at all. In many cases, new paramedic graduates finish their clinical time, successfully complete the testing process and then head for the streets and/or rural routes of our state. You, they could be one of a few paramedics and in some cases may be the only paramedic on the service. You can't learn

everything from books and the experience of someone who's been there, a preceptor, can help piece the puzzle together as well as build that foundation you need to rely on. In an effort to support the growth of Paramedic coverage throughout the state and provide timely guidance and counsel to our new Paramedics, the Bureau of Emergency Medical Services has developed an eMentor program. The concept behind eMentor is to network new paramedics with a more seasoned counterparts across the state via email so that advice is only a few keystrokes away (albeit, after the fact).

Currently there are a handful of new paramedics that have been working with several members of the Bureau to see how eMentor would work. The program is off to good start and we would now like to formalize this initiative and expand. Sound interesting? Here is what you need to do: If you're relatively new paramedic and would like to have someone that you could bounce ideas off of and seek some confidential guidance, visit the FST & EMS website and click on the ALS section to enroll. If you are an experienced paramedic and feel that you could offer valuable insights to an untried paramedic, also visit the FST & EMS website and click on the ALS section to enroll. Only situations will be discussed, all patient health related information rules apply.

Mostly eMentor questions start out like this: "I had a patient last night who looked like XY&Z. I did AB&C and they didn't get better. I called for orders and the doctor said to do 1&2, but hold off on 3. When I got to the hospital, the doc said the patient had a condition I had never even heard of before. What was I missing? Help!" It doesn't take much time and generally, our experience has been that it only generates two or three emails a month.

I encourage you to jump into the fray and help out the next generation of paramedics in NH. Sign up now! For more information contact John Clark, ALS Coordinator at (603) 271-4568.

**FIRE/RESCUE/EMS- NEW ENGLAND 2005**

**JUNE 23-26, 2005**

**Springfield, MA**

**For more information: [www.newenglandfirechiefs.org](http://www.newenglandfirechiefs.org)**

## TEMSIS: Evaluative Testing Underway

As we progress through the Trauma and Emergency Medical Services Information System (TEMSIS) Project, the Bureau has implemented an evaluative testing process. In the works since March 2003 TEMSIS is the replacement program under development that will ultimately replace current Patient Care Reporting (PCR) system. This evaluative testing is a way to “try on” electronic reporting prior to a final plan of action is implemented including selecting a vendor and is going on-line statewide. The purpose of this process is two-fold, one, evaluate the data gathering and two, evaluate electronic documentation practice.

The agencies participating include:

- DiLuzio Ambulance of Keene, NH and Swanzy Rescue, Swanzy, NH
- Frisbie Hospital Ambulance of Rochester, NH
- Concord Fire Department, Concord, NH
- Upper Connecticut Valley Hospital/ EMS North, Colebrook, (Colebrook, Errol, Pittsburg)
- Derry Fire, Derry, NH\*
- Weeks Medical Center Paramedic Intercept, Lancaster, NH\*

Each agency underwent 2½ hours of training on-site provided by Bureau staff that included an overview and familiarization with the trial software, one-on-one hands on chart completion and a look at the TEMSIS Project. The evaluative testing of the Project uses an examination of the data and a subjective survey. The data collected by the participating services will be checked by Bureau staff for completeness usability and average time to complete a TEMSIS patient chart. We have finished the first 30-days of a 60-day trial period. Under review and of interest in the first 30 days include:

- 1063 electronic records completed
- Median time to complete record - 16.9 minutes (average 24 minutes)
- 13 Cardiac Arrests charted with 12 successful endotracheal intubations

The users of the system including the providers, Unit leaders, and Bureau staff will complete a subjective evaluation. This evaluation will identify strengths and weaknesses in the education and implementation of the TEMSIS Project test. For more information about TEMSIS and/or the Research Section of the Bureau contact Fred von Recklinghausen at (603) 271-0322.

\*Already collecting data electronically

## BE LOOKING FOR THE EMS COURSE & EXAM SCHEDULE IN A NEW LOCATION!

In order to get the Division of Fire Standards and Training and Emergency Medical Services (FST & EMS) combined program information out to as many Providers, Firefighters, Leaders and Trainers as possible we will be merging the monthly mailing(s) from all Bureau's into one. This will include the EMS Course and Exam Schedule and the Educational Program announcements for the Fire Academy.

As of October 2004, this modified mailing will be sent to all Fire Instructors and Departments, licensed EMS Units, Hospital Coordinators, Instructor/Coordinators, the Medical Control Board, Trauma Review Committee, and the Emergency Medical & Trauma Services Coordinating Board Members.

The Course & Exam Schedule (C&E schedule) will be coming to you with a great new look! It will have a new cover page, listing of EMS Staff with contact information, and a format change for easier reading. The C&E schedule will still be available on the Bureau web site <http://www.state.nh.us/safety/ems> where it will be updated weekly with the “latest and greatest” information. This constant revision allows students to find courses as they become available and allows Instructors to get the word out on newly offered training programs.

Be looking for the EMS C&E schedule and the latest Division opportunities, together, starting in October!!



## FOREST PROTECTION

This year is the 60<sup>th</sup> Anniversary of Smokey Bear. The Forest Protection staff has been busy with many celebrations of this occasion. The following is a list of events that have been organized around Smokey's birthday.

July 4, 2004 .....	Canterbury .....	Smokey in Parade
July 4, 2004 .....	Ashland .....	Smokey in Parade
July 4, 2004 .....	Jaffrey .....	Smokey in Parade
July 4, 2004 .....	Moultonboro .....	Smokey in Parade
July 10, 2004 .....	Warren .....	Smokey in Parade
July 17, 2004 .....	Weare .....	Smokey in Parade
July 17, 2004 .....	Greenfield .....	Smokey in Parade
July 24, 2004 .....	Lyme .....	Smokey in Parade
July 24, 2004 .....	Dublin .....	FD Open House
July 30, 2004 .....	Goffstown .....	FD Safety Fair with Smokey
July 31, 2004 .....	Unity .....	Smokey in Parade
August 7, 2004 .....	New London .....	Smokey in Parade
August 7, 2004 .....	Canaan .....	Smokey in Parade
August 9, 2004 .....	Hudson .....	FD Open House
August 12, 2004 .....	Franconia Notch SP .....	Smokey's 60 <sup>th</sup> Birthday Celebration
August 13, 2004 .....	Fisher Cats Game .....	Manchester
August 14, 2004 .....	Salisbury .....	Smokey in Parade
August 16, 2004 .....	WKXL Radio Program .....	Concord-Smokey/Fire Laws
Sept. 11-12, 2004 .....	Hillsboro Cty. Fair .....	Smokey Appearances
Sept. 12, 2004 .....	NH Fireman's Conv. ....	Nashua-Smokey in Parade
Sept. 19, 2004 .....	NHIS-Loudon .....	Sylvania 300 Nascar Nextel Cup Series
October 2, 2004 .....	Goshen .....	Smokey in Parade
October 2, 2004 .....	Bath .....	Smokey in Parade
October 2, 2004 .....	Hampton Falls .....	FD Open House

March of 2004 the Forest Protection Bureau was restructured. With addition of a new Forest Ranger Eleanor Mardin and the promotion of John Dodge to Captain the following is the current structure of the Forest Ranger staff.

### **Captain John Dodge**

(Southern Region)

Ranger Brad Simpkins  
Ranger Eleanor Mardin  
Ranger Bob Stewart

### **Captain Bryan Nowell**

(Central Region)

Ranger Doug Miner  
Ranger Bob Boyd  
Ranger Lee Gardner  
Ranger Steve Kessler

### **Captain Bert voh Dohrmann**

(Northern Region)

Ranger John Accardi  
Ranger Steve Sherman

Also, Forest Ranger Bob Stewart received a two week assignment as a Division Supervisor on several large fires 50 miles above the Arctic Circle in Alaska. He returned August 1st after successful completion of his duties. The Forest Protection Bureau has also sent single resources as EMT's and Communication Leaders to Arizona, Idaho and Wyoming.

Forest Ranger Eleanor Mardin graduated from the part-time police academy June 6th and is now a certified law enforcement officer. She is also an NFPA certified Fire Officer II, becoming only the second Forest Ranger to have such certification. Forest Ranger Bob Boyd was presented an appreciation plaque for serving New Hampshire on the Northeast Compact Prevention Committee from 1999-2003.

Forest Ranger Brad Simpkins represented the Northeast Compact at the New England Fire Chief's Expo in Springfield, MA from June 25th to the 27th. His specialty was wildfire prevention.

*Continued On Page 6*



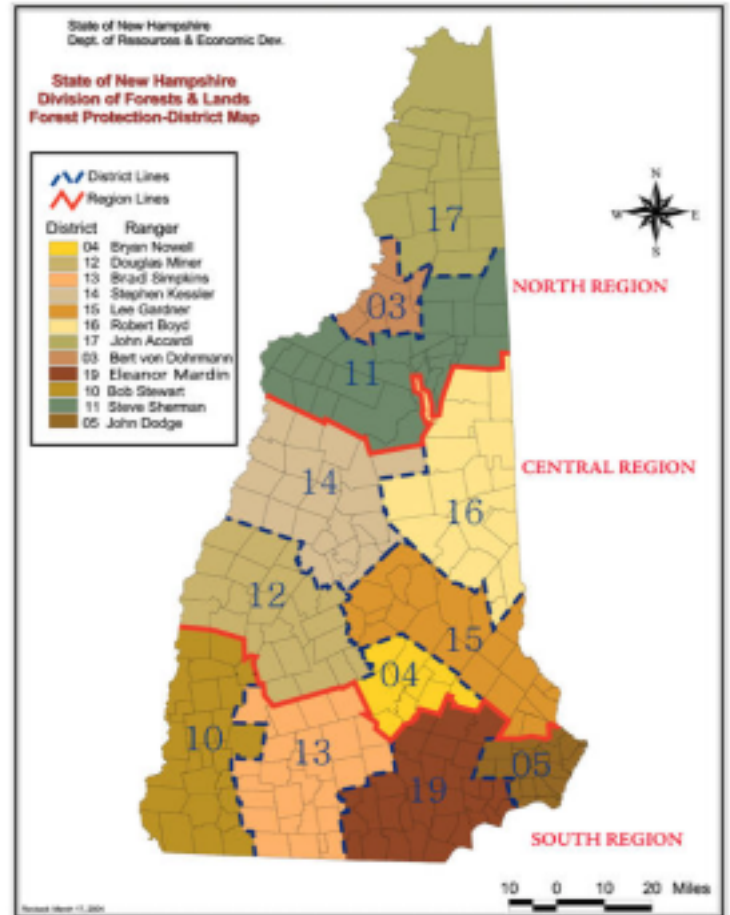
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Below you can view the Forest Fire and Law Enforcement Quarterly Report from April to June 2004, due to light forest fire activity more emphasis has been applied to the timber harvesting side of the Forest Ranger's job.

As shown on the right you can see the Forest Protection District Map and the areas each Forest Ranger covers.

If you would like to contact the Forest Protection Bureau call 271-2217, or you can visit our website at [www.nhdf.org](http://www.nhdf.org).

Law Enforcement Activity																
	Deceptive Forestry		Timber Trespass		Water Quality		B/A Slash		Timber Tax		Fire		Other		Total	
	qtr	ytd	qtr	ytd	qtr	ytd	qtr	ytd	qtr	ytd	qtr	ytd	qtr	ytd	qtr	ytd
Court Summons - Felony			2	2						1				1	2	4
Court Summons - Misdemeanor			1	5					3	5	2	3			6	13
Court Summons - Violation			1	6				5	2	8	1	1	1	16	4	36
Administrative Summons			4	7	1	8	15			6	7	11			12	47
Warning	2	4	5	15	11	48	23	82	24	100	29	53	5	10	99	312
Cease & Desist			6	6	13	3	3	7	19		1		3	16	45	
Total	2	4	13	41	17	69	26	105	36	139	39	69	6	31	155	612
Timber Sale Activity																
	Qtr		YTD													
Number of Intents Filed			1217													
Number of Initial Inspections			435													
Number of Reinspections			66													
Fire Protection and Prevention Activities																
	Qtr		YTD													
Number of Fires			211													
Total Acres			141.4													
Number of Structures Reported by:			4													
Tower			63													
Air Patrol			0													
Mobile Patrol			3													
Citizen Call			139													
Ranger			11													
Outreach																
	Total				Attendees											
	Qtr	YTD	Qtr	YTD												
Calls for Service – Timber Law Enforcement	324	1,198	n/a													
Calls for Service – Fire Law Enforcement	128	300	n/a													
Calls for Service – Fire protection	411	1,274	n/a													
Student Presentations	7	17	181		3,281											
Public Presentations	12	34	725		12,453											
Fire Training	44	75	1,087		1,899											
Timber Law Enforcement Training	9	23	259		424											



## NATIONAL SCOPE OF PRACTICE MODEL MEETING

### November 5, 2004

In an effort to bring information to NH on the National Scope of Practice Model Project, we have set up a meeting on Friday, November 5, 2004, here at the Richard M. Flynn Fire Academy, Concord. The project's Principal Investigator Dan Manz will be on hand to present on the history and development of the Model's first draft, which was released earlier this summer. Manz, the Director of Vermont EMS, has been with this project since its inception, and is actively engaged in soliciting feedback on the draft Model. This project is based on core recommendations made in the EMS Education Agenda for the Future: A Systems Approach. This document promotes a common vision for the future of EMS, including enhancing consistency in educational quality ultimately leading to a greater entry-level graduate confidence and performance. The draft released this summer proposes four national certification levels for EMS providers. Further information on the presentation including time is forthcoming, so stand by.

## New Hampshire Fire and Emergency Medical Services Holds 1<sup>st</sup> Annual Mark Miller Memorial Blood Drive

The Division of Fire Standards and Training and Emergency Medical Services in conjunction with the American Red Cross held the 1<sup>st</sup> Annual Blood Drive in memory of Mark Miller on June 29, 2004 from 2 p.m. to 7 p.m. Mark was a Lieutenant with the Laconia Fire Department. He died in a tragic diving accident this past winter.

The Drive was held in the Fire Station at the NH Fire Academy. The drive was a great success with participation from many fire departments, division staff and the community. The goal for the drive was 100 donations and 119 donations were received. Distinguished visitors included Gail, Mark Miller's widow and his daughter, Shauna.



*Gail and Shauna Miller met with Fred von Recklinghausen,  
Blood Drive Coordinator*



*Director Rick Mason gave the thumbs up  
before the "Big Stick"*

**Blood Drive Goal – 100 Donations  
Number Received – 119 Donations!**



### New Hampshire Division of Forests and Lands and The New Hampshire Division of Fire Standards & Training and Emergency Medical Services



The NH Division of Forests and Lands has joined forces with the NH Division of Fire Standards & Training and EMS to bring to the New Hampshire fire community certified Wildland Firefighting courses beyond the Basic 16-hour program. This combined effort will follow the standard(s) set forth by the NFPA. At the present time a visiting committee has been formed and is scheduled to meet for the first time on August 24, 2004 at the Fire Academy. The joint effort will employ instructors from both divisions. If there are any questions please contact Chief Paul M. Leary at the Forests and Lands Office at (603) 271-2214 or Program Coordinator David P. Jones at the Fire Academy at 1-800-371-4503.

## PELVIS TRAUMA UPDATE

Emergency Medical Service (EMS) providers should have a good working knowledge of how to effectively treat severe pelvis injuries. Internal bleeding from pelvic fractures can be rapidly fatal. There are simple techniques that can be applied in the pre-hospital setting that can reduce mortality and morbidity. Let's take this opportunity to review pelvic injuries and up-to-date treatments.

The mechanisms of injury that most commonly cause pelvis trauma include motorcycle crashes, pedestrians stuck by a motor vehicle, and direct crushing injuries to the lower torso. Motor vehicle collisions are less likely to cause pelvis trauma to occupants, but it does still occur.

In order to treat a pelvic fracture, the EMS provider must be able to recognize one. This is not as easy as the textbooks indicate. A high index of suspicion based on the mechanism of injury (discussed above) is an important start. Actual hands-on assessment for an unstable pelvis is often described as pressing downward with the heel of the hand on the symphysis pubis of the supine patient, followed by compressing and "rocking" the pelvis to feel for instability. There are two important points to consider with this practice. The first is that "rocking" a patient who may have a spinal injury may be detrimental. A better technique is to grasp both pelvic bones on the front of the patient (anterior iliac crests) and attempt to manipulate the pelvis as if you were opening and closing a book. Not many people have ever had the experience of feeling an unstable pelvis. Essentially you will know it when you feel it. Which leads to the second point, that if you do feel pelvic instability stop your assessment of the pelvis at that point. The Advanced Trauma Life Support Course for physicians (ATLS) warns that continued manipulation of an unstable pelvis is dangerous. So this is not a learning moment for other members of your crew to share.

The pelvis is a complex bony structure that can be fractured in several different locations. The most life threatening is the "open book" fracture, in which one side of the pelvis is completely separated from the rest of the pelvic structure. The unsupported side of the pelvis flops open like an open book. Major blood vessels pass through the pelvis, and trauma to the area can cause significant internal hemorrhaging. Researchers believe bleeding associated with open book fractures is profound because the unstable pelvis allows the pelvic compartment to expand with the bleeding. An intact pelvis tends to maintain pressures within the pelvic compartment that will usually stop the bleeding. Life-saving intervention for a patient with an open book pelvis fracture entails returning the integrity of the pelvic ring. Application of circumferential pressure (pressure completely around the pelvis) will bring the bones back into alignment, restoring pressure within the pelvic compartment.

Once a potential open book fracture is recognized there are several ways to treat the injury. This is one of the few injuries for which the pneumatic anti-shock garment (PASG) is still recommended. Unfortunately for poor PASG, they are not very good for this task either. PASG do provide circumferential compression of the pelvis, but accomplish it by pressing down on the abdominal/pelvic region. Thus they increase pressure around the outside, but tend to push in on the open book pelvis, which is counterproductive. Fortunately better techniques have been developed.

A simple pelvic splint can be made from a hospital sheet. Fold the sheet lengthwise until it is about 8 inches wide. Slide the sheet under the patient's lower back, then bring it down until the sheet is centered at the patient's greater trochanters (hipbones). Cross the ends of the sheet in front of the patient and pull tight. Secure the ends with clamps or with a secure knot.

There is a new commercial pelvis splint on the market that has several advantages over the bed sheet method and is not very expensive. The device is the Sam Sling(tm), manufactured by the same company that makes the Sam Splint(tm). It is easy to apply and has the substantial advantage of alerting the user when the optimal circumferential pressure has been achieved. Development of the device is well grounded in medical research. Unfortunately the device is not approved for children, so the sheet method is recommended.

Any EMS agency considering adding the Sam Sling(tm) to their "toolbox" should discuss the device with their medical director and conduct inservice practice with staff.

Suppose a patient you transported has an open book pelvic fracture, but you did not find it. It's not always easy to detect. Often this injury is only found on X-Ray or CT scan. Your knowledge of pelvic stabilization techniques can still come into play in the Emergency Department (ED). ED staff may not be familiar with pelvis stabilization techniques, and may call for EMS assistance. This is a good opportunity for you to strengthen EMS/ED teamwork. Any trauma patient with an open book fracture who is being transferred to another facility must have some form of pelvic stabilization applied.

The NH Division of Fire Standards & Training & EMS is working with both EMS and ED providers to increase awareness of pelvis trauma. The Division is offering a pelvis trauma update program to hospital emergency departments free of charge. For additional information on this program or any issues related to pelvis trauma or the NH Trauma System please contact Clay Odell, EMTP, RN, CEN, Trauma Coordinator at 448-4927 or [codell@safety.state.nh.us](mailto:codell@safety.state.nh.us).



## READY OR NOT, HERE THEY COME!

What's coming and when? Hazardous Materials incidents that's what's coming. When can a hazardous material incident occur? A spill could be occurring in your community at this moment. Most of the time the small incidents are handled by the individual who had the spill. On occasion a person or company may think they can handle the spill, soon they realize the incident is too large for them, and your department or agency gets the call for assistance. Will you and your department be ready to deal with the problem?

Recently a number of Hazmat drills have been conducted with departments throughout the State. One common denominator is developing which is department readiness for Hazmat incidents. Whether the drill is a transportation accident or a Weapons of Mass Destruction incident, training seems to be an area of concern. We find that some personnel have the training, but have a hard time trying to formulate a coordinated team effort. This is due to the lack of training of other personnel and lack of actual training drills (table top or actual) within the department.

Why does this occur? Most of the time the comment is, "We never have a Hazmat incident in our community because we are so small," or "We are a volunteer department and don't have the time to train for a Hazmat drill with everything else that's going on." The world, the State, and your community change every day, and the loading on emergency services will continue to change along with it. How can you as an individual help to build up your community's capabilities to be able to handle the continuing change? The simple answer is to set an example by getting the education needed to deal with small or large Hazardous Materials incidents. Your department can also get in touch with your Regional Hazardous Materials Response Team to help develop a tabletop or full-scale exercise.

It is time to re-evaluate your department's overall capability with regards to hazardous materials in your community. If you are the Chief or the Training Officer and would like help with Hazardous Materials training and planning, contact the New Hampshire Fire Academy at 271-2661 or Les Cartier at the NH State Fire Marshal's Office at 271-3294.

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## 213 AED's Awarded Under the 2003-2004 Rural Grant Project

The Division of Fire Standards and Training and Emergency Medical Services (FST & EMS) has completed the second year of the Rural Access to Emergency Devices Grant Program activities. Funds to support this project have been awarded by the United States Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) Office of Rural Health Policy. In a Community Partnership with the EMS Regional Councils, the NH Office of Rural Health Policy and Primary Care and the North Country Health Consortium a total of 213 Automated External Defibrillators (AED) will be placed in the 2003-2004 project period. In June, we received our first 128 AED machines for distribution, with an additional 85 AED's to be placed and distributed this fall. The bulk of the 2003/2004 AED awards were made to businesses, public safety agencies, such as police, fire and EMS departments and various public building/meeting places including, schools, town buildings and community centers. The focus this second year of grant activity has been placed on Public Access placements.

Under this program Awardees receive a ZOLL AED Basic machine, a set of batteries, defibrillator pads and carrying case, as well as Adult Cardio-Pulmonary Resuscitation (CPR) & AED training for 10 staff members or employees. The Adult CPR & AED Training's are coordinated by the North Coun-

try Health Consortium (NCHC) in Littleton, NH. Each recipient is required to attend an AED Orientation that is coordinated by the Bureau of Emergency Medical Services. So far this year, the Bureau Staff has offered nine AED Orientations. These Orientations give the recipients an opportunity to put their AED machine together and in service; learn more about maintenance and reporting requirements to FST & EMS as outlined in the recipient's Rural AED Grant Memorandum of Understanding (MOU).

Over the past two years, the Bureau of Emergency Medical Services and the five EMS Regions have distributed a total of 348 AED machines total to the eligible rural New Hampshire communities \*. FST & EMS have received a third year of funds under this federal funded lifesaving grant program. We are hopeful to place an additional 128 AED's during the 2004/2005-grant year. The success of this project at the state level is due to the community partnerships formed in the early days of this grant project. If you are interested in applying for an AED or would like additional information, please visit the NH Bureau of Emergency Medical Services' web-site at [www.state.nh.us/safety/ems](http://www.state.nh.us/safety/ems) or call 1-888-827-5367.

\*Eligibility is determined by the Federal Office of Rural Health Policy

## NEWSLETTER SUBSCRIPTIONS

### AVAILABLE AT NO CHARGE TO NH FIREFIGHTERS AND EMS PROVIDERS

*Subscriptions to the quarterly Newsletter are available to NH Firefighters and EMS Providers at no charge simply by completing the request below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Fire Dept. Affiliation: Full Time Career (over \$10,000 Annually?): Yes ( ) No ( )

Primary Fire Department: \_\_\_\_\_

Rank: \_\_\_\_\_

Secondary Fire Department: \_\_\_\_\_ Rank: \_\_\_\_\_

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## The Fire and Emergency Medical Services News



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